

Placement (Facility) Questionnaire

Name of Child(ren): _____ Board #: _____ Return by: ____/____/____

If you have completed any reports within the last 60 days, please attach a copy which can be used in place of completing this questionnaire.

Did you receive adequate information regarding the youth **at the time of placement** for the following:

- a) Physical Health Needs
- b) Behavioral Health Needs
- c) Mental Health Needs
- d) Educational Needs

Information regarding the youth's current **educational** needs:

- a) Name of school and grade level.
- b) How youth is doing in school and any concerns?
- c) Does the youth have a current IEP and if so, is it being followed?
- d) Does the youth need either an updated IEP or a new IEP and if so, what is being done to complete this?

Information regarding the youth's current **physical health** needs:

- a) Current medications the youth is receiving.
- b) Date of last: Physical exam: _____ Dental Exam: _____ Eye Exam: _____

- c) Any unmet health needs

Information regarding the youth's **mental health** needs:

- a) Current psychotropic medications
- b) Current types of treatments receiving including number of weekly session
- c) Any unmet mental health needs

Information regarding what **other services** are being provided to the youth:

- a) Describe the service
- b) Describe compliance and progress
- c) Are there services that this youth needs that are not being provided?

Information regarding the guardian ad litem/attorney for the youth:

- a) Has the Guardian ad Litem/attorney visited the youth in this placement? If yes, when was the last time?
- b) Have you had contact with the guardian ad litem/attorney? If yes, when was the last time?

Information regarding the case manager:

- a) Do you receive adequate communication and ongoing updates from the case manager regarding the progress of this youth's case?

b) Has the case manager visited this youth in your facility? If so, date of last visit.

Information regarding visitation:

a) Is visitation occurring with the parent(s)?

b) Location and frequency of the visits

c) How do visits affect the youth's behavior?

Information regarding discharge of youth:

a) Anticipated date of discharge/release

b) Your facilities recommended discharge plan including placement and services

Please describe how the youth is doing in this placement, and share anything else that you would like the Local Board to know. *(Add extra pages if you need more room.)*

What is reported in this questionnaire may be included in the Local Board's report to the legal parties to the case.

Form completed by: _____ Title _____ Date completed: ____/____/____

THANK YOU, PLEASE RETURN THIS FORM TO:

Foster Care Review Office

521 S. 14th Street, Suite 401 Lincoln, NE 68508-2707

Fax (402) 471-4437 or E-mail to address of the Review Specialist listed on the invitation letter.